

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



**ADAM H. PUTNAM**  
**COMMISSIONER**

**CHARITABLE ORGANIZATIONS/SPONSORS REGISTRATION  
APPLICATION**

**Solicitation of Contributions Act**  
**Chapter 496, Florida Statutes**  
**Rule 5J-7.004, Florida Administrative Code**

1-800-HELP-FLA (435-7352)  
850-410-3800 *Calling Outside Florida*  
www.800helpfla.com • 850-410-3804 *Fax*

*Make check or money  
order payable and remit  
application to:*

FDACS  
P.O. Box 6700  
Tallahassee, FL 32314-6700

All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

**Application Information**

**License Number:** CH146

**Business Information**

**Legal Name:** WESLEY HOUSE FAMILY SERVICES, INC.  
**FEIN:** 59-0624461  
**Business Phone:** 305-809-5000  
**Business Fax:** 305-809-5010  
**Business Address:** 1304 TRUMAN AVE  
KEY WEST Florida 33040-7268  
**Mailing Address:** 1304 TRUMAN AVE  
KEY WEST Florida 33040-7268  
**Email Address:** greg.wheeler@wesleyhouse.org  
**Website Address:** www.wesleyhouse.org  
**Fictitious Names\*\*** Not Applicable

\*\*All fictitious names must be registered with the Division of Corporations. If business is a corporation then 'Name' is the legal name of the business as listed with the Division of Corporations. You must list all names under which you intend to do business.

**Organization Information**

**Form of Organization:** Other  
**Description of Other:** Non-Profit Organization  
**FEIN:** 59-0624461  
**Established In:** Florida **Legally Established:** 1/11/1975

**Business Details**

**Month/Day fiscal year ends:** 06/30

**Organization's Internal Revenue Service Status:** 501(c)(3)

**Purpose of the Organization:**

TO PROMOTE AND ENHANCE THE SAFETY, WELL-BEING AND DEVELOPMENT OF CHILDREN BY EDUCATING, SUPPORTING AND MEETING THE NEEDS OF FAMILIES.

**Purpose for which the contributions are used:**  
CHILD CARE AND FAMILY SUPPORT SERVICES.

**Major Program activities:** Services for children and families

#### License History

**Is this organization authorized by any other state to solicit contributions:** No

**Has this organization been engaged in Unlawful practices?:** No

**Has the organization had its registration denied?:** No

**Has the organization voluntarily entered into an assurance of voluntary compliance(AVC) or agreement similiar to Florida Statutes?:** No

#### Conflict of Interest

**Have all directors, officers and trustees read and complied with the conflict of interest statement for the organization?:** Yes

#### Owner/Management Information

##### Officer 1

**Name:** BETH A BARRETT  
Chief Executive Officer  
**Title:** In Charge of Distribution  
In Charge of Solicitation  
**Phone:** 305-809-5000  
**Address:** 1304 TRUMAN AVE  
KEY WEST Florida 33040

#### Criminal History Questions

1. Is this person exempt from Public Records? [s. 119.071(4), F.S.] *No*
2. Is this person compensated? *No*
3. Has this person been convicted of, found guilty of, pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony, or crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime arising from the conduct of a solicitation for a charitable organization or sponsor within the last 10 years? [s. 496.405(2)(d)5, F.S.] *No*
4. Has this person been enjoined from violating any law relating to a charitable solicitation? [s. 496.405(2)(d)6, F.S.] *No*

##### Officer 2 - Removed

**Name:** JULIO TORRADO  
**Title:**  
**Phone:** 305-393-4222

**Address:** 301 GRINNELL STREET, #404  
KEY WEST Florida 33040

**Officer 3 - Removed**

**Name:** JO PINE

**Title:**

**Phone:** 305-294-6840

**Address:** 1600 BAHAMA DRIVE  
KEY WEST Florida 33040

**Officer 4**

**Name:** Bryan Green

**Title:** President

**Phone:** 305-809-5000

**Address:** 141 Simonton St  
Key West Florida 33040

**Criminal History Questions**

1. Is this person exempt from Public Records? [s. 119.071(4), F.S.] *No*
2. Is this person compensated? *No*
3. Has this person been convicted of, found guilty of, pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony, or crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime arising from the conduct of a solicitation for a charitable organization or sponsor within the last 10 years? [s. 496.405(2)(d)5, F.S.] *No*
4. Has this person been enjoined from violating any law relating to a charitable solicitation? [s. 496.405(2)(d)6, F.S.] *No*

**Officer 5**

**Name:** Terri Hill

**Title:** Treasurer

**Phone:** 305-809-5000

**Address:** 411 Simonton St  
Key West Florida 33040

**Criminal History Questions**

1. Is this person exempt from Public Records? [s. 119.071(4), F.S.] *No*
2. Is this person compensated? *No*
3. Has this person been convicted of, found guilty of, pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony, or crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime arising from the conduct of a solicitation for a charitable organization or sponsor within the last 10 years? [s. 496.405(2)(d)5, F.S.] *No*
4. Has this person been enjoined from violating any law relating to a charitable solicitation? [s. 496.405(2)(d)6, F.S.] *No*

## Employee Information

**Other Employees:** Not Applicable

## Branch offices, Chapters or Affiliates

**Other Locations:** Not Applicable

## Professional Solicitors

**Other Locations:** Not Applicable

## Fundraising Consultants

**Other Locations:** Not Applicable

## Commercial Co-venturers

**Other Locations:** Not Applicable

## Financial Statement

**Fiscal year ending:** 06/30/2018

**Financial statement source:** 990 w/all attached Schedules

**Uploads Attached:** Yes

### Attached Documents

1. **Name:** Wesley House Family Services 990-2017-2018.pdf

**Type:** Financial Information

**Desc:** Form 990 and attachments

## Supporting Documents(List of Sources and Amounts)

1. **Name:** Government Grants.docx

**Type:** Financial Information

**Desc:** Detail on government grants, Part VIII, Line 1e

## Application Questionnaire

**Did the charitable organization or sponsor receive \$25,000 or more in total revenue during the immediately preceding fiscal year?:** Yes

**Are the fundraising activities of the charitable organization or sponsor carried on by any compensated volunteers, members, or officers ?:** No

**Are any part of the assets or income of the organization or sponsor inured to the benefit of or paid to any officer or member?:** No

**Does the charitable organization or sponsor utilize a professional fundraising consultant, professional solicitor, or commercial co-venture?:** No

## Registration application Type

Registration Application Type:

Charitable

Registration Fee:

300

Preparer Information

First Name:

Greg

Last Name:

Wheeler

Phone Number:

305-809-5000

Signature Information

\*

☒

I declare under penalty of perjury that all of the information provided in this application and in any exhibits attached hereto, is true and correct.

and further state as follows:

- \*

☒

I have read the registration application and know the contents thereof; and
- \*

☒

The registration application is made for the purpose of complying with the provisions of Chapter 496, Florida Statutes, Solicitation of Contributions Act

Signature Name:

gregwheeler

Signature Date:

12/20/2018